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NASA Procedural Requirements

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Request Notification of Change (NASA Only)

Subject: NASA Occupational Health Program Procedure**Responsible Office: Office of the Chief Health & Medical Officer**

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Chapter 3. Primary Prevention and Health Promotion

3.1 Primary Prevention and Health Promotion

3.1.1 General

3.1.1.1 To promote a healthful work environment with commitment to the physical and mental health and productivity of its workforce, NASA Centers' Primary Prevention and Health Promotion programs shall be designed to increase awareness through education, foster lifestyle and behavioral modification, and create a supportive work environment.

3.1.2 Responsibilities

3.1.2.1 The CHMO shall establish policy requirements for primary prevention programs.

3.1.2.2 The Director of Health and Medical Systems shall develop a primary preventive strategy for the Agency and ensure implementation through the regular, periodic review process.

3.1.2.3 The Center OH COR shall support the implementation of the annual health promotion plan.

3.1.2.4 The Center Medical Director or designees shall implement the annual health promotion plan.

3.1.2.5 The COR and Medical Director shall designate a representative to serve on the Agency HPW.

3.1.3 Process Description

3.1.3.1 The CHMO shall provide direction and guidance towards standardization of majority of health promotion and wellness activities across the Agency based on the following measures:

- a. Establish an Agency-wide HPW composed of Center representatives with the charter to standardize health education programs.
- b. Establish periodic meetings with the team for the purpose of educational presentations on emerging issues, discussion of new and innovative ideas, development of relevant policies and procedures, and evaluation of the existing programs and campaigns;
- c. Identify and coordinate particular campaigns and initiatives for Agency-wide dissemination, including participation in OPM-directed Federal-wide health promotion initiatives;
- d. Maintain a section or sections on the Agency OH Web site as an informational portal for health resources;
- e. Ensure sources of health education material (Web-based, digital, or printed) in support of identified campaigns and initiatives are disseminated to Center HPWs;
- f. Collaborate with leading health resource organizations and other community and national organizations; and

g. Identify evaluation strategies to assess the effectiveness of the health education programs.

3.1.3.2 The Center OH COR shall support the implementation of the Agency primary prevention plan and associated activities at their respective Center.

3.1.3.3 The Center Medical Director or designee shall assess the feasibility of creating a Center specific health promotion workgroup to address issues in a collaborative and systematic manner in order to:

- a. Ensure that the Center's health promotion plan is relevant to their population;
- b. Ensure an annual health promotion needs assessment is completed for the Center; and
- c. Evaluate the impact of the overall primary prevention and health promotion program. Both short- and long-term goals should be established in the planning stages.

3.1.3.4 The Center Medical Director or designee shall gather program evaluation data and report to OCHMO upon request.

3.2 Primary Prevention

3.2.1 General

3.2.1.1 Primary prevention services are the foundation of NASA OH and all NASA Centers shall implement primary prevention services.

3.2.1.1.1 These services shall encompass both health promotion and health protection directed toward enhancing employee well-being and moving toward a state of optimal health, as well as reducing health risks. Health promotion efforts are designed to increase health knowledge and support employee behavior change related to health and safety practices in the workplace and at home. Health protection measures are designed to eliminate or reduce the risk of disease in order to prevent the development of an illness or injury.

3.2.2 Responsibilities

3.2.2.1 The CHMO shall provide policy guidelines and technical support for the Agency primary prevention program and its various components.

3.2.2.2 The Director of Health and Medical Systems shall assess and review primary prevention and health promotion programs through regular periodic reviews.

3.2.2.3 The OH COR shall advocate for adequate resources in support of primary prevention programs.

3.2.2.4 The Center Medical Director shall ensure primary prevention services are planned, implemented, and evaluated.

3.2.3 Process Description

3.2.3.1 The Center Director shall ensure the planning and implementation of worksite primary prevention programs, services, and policies designed to enhance employee well-being and optimal health, as well as to reduce health risks.

3.2.3.2 The Centers shall offer primary prevention/health promotion programs, such as nutrition, fitness, exercise, health motivation, and targeted disease prevention programs, such as injury prevention, health risk assessment, smoking cessation, weight control, stress management, and seat belt use.

3.2.3.3 The Centers shall evaluate the effectiveness of overall primary prevention program efforts on a regular basis.

3.2.4 Primary Prevention Programs

3.2.4.1 NASA's workplace nutrition program shall increase awareness through education and create a work environment supportive of healthy nutrition habits.

a. Center Medical Directors shall implement nutritional awareness and education programs, advocating for a workplace environment supportive of good nutritional practices in collaboration with the food service vendor(s), where possible, and with support of the respective COR.

b. Current nutritional guidelines such as the USDA, the Academy of Nutrition and Dietetics, etcetera, shall be used.

NOTE: Nutritional awareness and education programs may be conducted in partnership with Center Fitness and Health and Wellness programs.

3.2.4.2 NASA's program to prevent skin cancer includes education, administrative controls, and medical screening.

NOTE: The term medical screening does not preclude nor does it imply a full-body screening by a dermatologist

or an OH physician.

a. Center Medical Directors shall provide ongoing awareness through health promotion activities, advocate for occupational exposure limitations, and ensure skin evaluations are provided in accordance with current guidelines and recommendations.

3.2.4.3 The implementation of tobacco cessation programs shall be instituted across all NASA Centers and Facilities.

a. The program shall reach out to tobacco users, smokers and smokeless users, assess their interest in quitting, and provide access to intervention programs. Methods to identify users may include specific campaigns or be part of scheduled physical examinations.

b. The program shall include activities to prevent tobacco use among the workforce, including education on tobacco-related health consequences.

c. Center OH COR shall advocate for a work environment conducive to the success of the smoking cessation program and ensure collaboration between disciplines.

d. The Center Medical Director or designee shall work in partnership with related disciplines such as fitness, EAP, and IH, as well as local agencies or non-profits such as the American Lung Association or American Cancer Society to accomplish the goals of the tobacco cessation program.

3.2.4.4 Immunization practices at NASA Centers shall be based on the latest available recommendations from the U.S. Preventive Services Task Force, Center for Disease Control and Prevention, and other leading health professional organizations.

a. The Center OH COR shall advocate for Center operations and budgetary assignment that are conducive to the implementation of the total immunization program, including an annual influenza immunization program.

b. The Center Medical Director shall ensure occupationally relevant vaccines are available. These include as a minimum tetanus (Td or TdAP) and Hepatitis B vaccines. Additional vaccines shall be included based on Center specific occupational exposures and budgetary allocations.

3.3 Fitness Centers

3.3.1 General

Federal agencies are authorized to offer employee health services "to promote and maintain physical and mental fitness and to help prevent illness and disease," including health services and intervention programs such as exercise and weight control. Fitness programs encompass activities such as organized walking events, aerobic exercise classes, weight lifting, yoga, spinning, fun runs, and fitness assessments. All NASA Centers shall have fitness centers/facilities which adhere to the requirements of this NPR (including features such as exercise equipment, areas for group exercise, locker rooms, and other associated amenities). NASA Component Facilities are encouraged to have fitness centers/facilities which would also be covered under the requirements of this NPR. For NASA components with fitness and/or group exercise/aerobics clubs conducted in NASA-maintained space, this Chapter shall apply on an advisory basis as further delineated in Chapter 7.

3.3.2 In maintaining onsite fitness facilities to promote and encourage employee physical activity, center management and supervisors shall encourage and support employee use of the fitness facility and employee participation in health and wellness activities.

3.3.3 NASA Center Fitness Programs shall incorporate the most recent Office of Personnel Management (OPM) recommended (American College of Sports Medicine [ACSM]) industry standards for staffing, facility design, equipment selection and maintenance, and safety.

3.3.4 Fitness Facility Features

3.3.4.1 NASA onsite fitness facilities shall include separate male and female shower facilities and locker rooms; an exercise room/area large enough to accommodate pre-exercise stretching and/or group classes; and a variety of commercial grade indoor exercise equipment such as treadmills, stair climbers, strength training machines, and free weights. NASA Centers shall make efforts to feature some equipment that can be accessed by individuals with physical limitations, including at least one piece of cardiovascular equipment and one piece of Selectorized or variable-resistance equipment.

3.3.4.2 Message and/or bulletin boards shall be used for communication and posting of relevant information about the fitness facility or items of particular interest to members and other Center employees.

3.3.4.3 An automatic external defibrillator (AED) shall be available within a 1.5 minute walk to any place it may be needed.

3.3.4.4 For facilities with saunas or steam rooms, a monitoring/warning system shall be in place to ensure safe conditions are maintained in these environments, along with prominent signage describing user health risks and time limits for use. Fitness facility staff shall instruct members on personal safety in these environments, especially regarding precautions if pregnant, on certain medications, or with heart conditions.

3.3.4.5 For facilities with swimming pools, water-chemistry safety requirements mandated by codes and regulations shall be met, including chemical storage/disposal, and the appropriate safety equipment (e.g., shepherd's crook, safety rope) available at all times.

3.3.4.6 Interior physical activity areas shall have a working clock, a prominent chart/poster of target heart rates, and a prominent chart/poster depicting ratings of perceived exertion to enable users to monitor their activity.

3.3.4.7 A first-aid kit containing bandages, gloves, and a pocket mask shall be maintained and available to the fitness facility staff for emergency use. If any staff or fitness members are expected to deal with, or have exposure to, potentially hazardous materials, including bodily fluids, procedures shall be in place to ensure these activities are conducted according to all applicable regulations and within safety guidelines.

3.3.4.8 A notification system in the fitness facility, featuring prominent signage, instructions, and ease of use shall be available to call medical, first aid, and security. If the emergency system is inoperable or only partly functional, a sign(s) shall be posted at the fitness facility to notify members of the status and the alternative methods to be used to summon emergency assistance. At a minimum, a sign shall be posted with this information immediately next to any device that is not fully functional. Any emergency system that is not fully functional shall either be repaired or replaced as soon as possible.

3.3.5 Fitness Facility Plan Components

3.3.5.1 Center fitness facility plans shall be written, maintained onsite, and periodically reviewed and revised when conditions warrant. The Plan shall serve as a comprehensive document that allows fitness facility management to easily identify information about operations, equipment, procedures, and staff. For convenience, information and documents that frequently change or that are voluminous may be maintained as appendices of the core Plan. At a minimum, plans shall include the following:

- a. Location/address of the facility and a map showing emergency exits and location(s) of AEDs;
- b. Facility hours of operation;
- c. The number and type of staff associated with the facility, as well as their qualifications, certifications, and responsibilities;
- d. Identification of other resources, entities, agencies that participate in the program or contribute to its operations (e.g., Center tenants and/or contractors);
- e. A description of the methods used to integrate the fitness program with other Center or Agency functions or related programs (e.g., Medical, Safety, Employee Assistance);
- f. A description of the methods used to communicate with potential and current fitness facility users to obtain feedback, provide assistance with personal fitness goals, or share information about activities associated with the fitness facility;
- g. Member pre-activity screening and orientation procedures;
- h. Procedures used to handle broken equipment or equipment that is going to be permanently removed from service; and
- i. Emergency response procedures and a description about periodic drills conducted.

3.3.6 Fitness Facility Equipment Maintenance

3.3.6.1 The following activities shall be conducted: (1) maintenance of fitness facility equipment to reduce the number of repairs and extend the life of the machinery; (2) a visual inspection, using a pre-determined checklist at least once per week to identify any broken or unsafe equipment; (3) removal of broken or unsafe equipment or prominent tagging and disabling of equipment to prevent use; (4) development and implementation of a preventive maintenance program for fitness equipment, including formal documentation describing the work performed, the date the work was performed, and the name of the individual or entity that performed the work; and (5) maintenance of equipment inspection and repair records in a log or equivalent and made part of the written fitness facility plan as an appendix.

3.3.6.2 Clean disposable towels/wipes, anti-bacterial cleaning solution or similar supplies shall be available to members to wipe off equipment. Members shall be encouraged to clean hands before and after workouts with soap and water or hand sanitizer and to keep skin lesions covered with a clean, dry dressing.

3.3.6.3 Non-slip floors shall be the standard for all shower and locker room facilities. Floors in the showers and

locker rooms shall be cleaned frequently enough to address the presence of mold, mildew, soap scum, and unhealthy conditions resulting from high utilization. Shower curtains shall be inspected regularly and cleaned or replaced whenever there is evidence of mold, mildew, soap scum, or other unsanitary conditions.

3.3.6.4 Sinks, toilets, and urinals shall be regularly cleaned and disinfected on a schedule consistent with conditions in facilities used by a large volume of individuals on a frequent and daily basis.

3.3.6.5 Ventilation grills, vents, and mounted/portable fans in all areas of the fitness facility shall be visually inspected and cleaned to address dust, debris, and dirt build up on the grills.

3.3.6.6 Flooring in fitness facilities shall be conducive to, and appropriate for, activities performed in those areas. Due to the nature of activities performed and the number of people using fitness facilities, floors require cleaning more often than those in office settings. Fitness facility floors shall be cleaned as thoroughly as possible, on a schedule based on facility use, composition, and inspection results.

3.3.6.7 Fitness facilities with saunas, steam rooms, or whirlpools shall ensure that the areas and equipment are maintained, calibrated, and cleaned according to the manufacturer's and industry recommendations.

3.3.6.8 Ice machines, portable water dispensers, and drinking fountains shall be maintained and cleaned according to manufacturer recommendations and relevant sanitation requirements.

3.3.6.9 Free weights, fitness accessory equipment, mats, and similar items shall be thoroughly wiped and cleaned periodically to address sweat, dirt, and buildup from members' use.

3.3.7 Responsibilities

3.3.7.1 Each Center shall identify their fitness facility's primary point of contact to interface and communicate with the Agency Fitness Manager. The point of contact may be the Fitness Facility Manager, Wellness Manager, Fitness Director, and the NASA COR for the fitness facility provider, or other appropriate individual involved in the operation, maintenance, and oversight of the facility.

3.3.7.2 Staff present at a NASA fitness facility shall possess the necessary competencies, certifications, licenses, and credentials for fulfilling their roles and responsibilities to ensure the safety of fitness facility members. Due to the potential of ACSM re-titling categories of professional fitness facility staff, categories are delineated as follows, with the primary importance placed on responsibilities, expertise, and certification: (a) Fitness Manager; (b) Fitness Director; and (c) Group Exercise Trainer/Leader/Instructor.

3.3.7.3 All personnel responsible for daily operation of the fitness facility shall, at a minimum, possess and maintain Cardiopulmonary Resuscitation /Basic Life Support certification and have received Bloodborne Pathogen standard training.

3.3.7.4 At a minimum, the responsibilities of the manager of the fitness facility shall include communicating regularly with the Agency Fitness Manager, ensuring staff certifications and licensure are tracked and updated, ensuring physical environment safety for members, implementing emergency procedures and conducting drills, and ensuring a process is in place for members to receive the appropriate level of medical clearance.

3.3.7.5 The manager of the fitness facility and/or the fitness director are responsible for the overall facility operations, and the fitness director manages exercise and activity programs and supervises staff. The fitness director shall possess a degree in a health and fitness related field or equivalent relevant experience, with at least one year of supervisory experience in the fitness industry and be professionally certified at an advanced level by a nationally recognized health or fitness organization.

3.3.7.6 Fitness staff or others hired to conduct group exercise classes shall, at a minimum, possess current certification in group exercise from the Aerobic and Fitness Association of America (AFAA), American College of Sports Medicine (ACSM), American Council on Exercise (ACE), National Strength and Conditioning Association (NSCA), National Federation of Professional Trainers (NFPT), or a comparable professional organization and have at least six months' experience in conducting group exercise classes. Cardiopulmonary Resuscitation and/or AED certification is required.

3.3.7.7 NASA Centers that provide services in allied health fields such as nutrition or physical therapy shall employ providers who are duly certified, licensed, or registered within their state, as required by law.

3.3.8 Process Description

3.3.8.1 Fitness facilities shall conduct the following: (a) initial screening of new members and annual screening of all members to identify those at risk for a cardiovascular incident while exercising, using at a minimum, the most recent version of the Physical Activity Readiness Questionnaire (PAR-Q) or the health screening questionnaire developed by the Wisconsin Affiliate of the American Health Association; (b) initial evaluation of new members and annual evaluation of all members' blood pressure, with screening results reviewed and interpreted by a qualified health/fitness professional or healthcare professional; (c) referral to either the Center/Facility OH Clinic or member's Private Medical Doctor (PMD) if any results suggest a potential medical problem; with a written medical clearance

required prior to the member's use of the fitness facility; and (d) maintenance of members' periodic clearance process status at the fitness facility, with appropriate documents kept according to the rules for Personally Identifiable Information (PII), ensuring that all documents containing specific private medical information (e.g., OH clinic exam results, PMD exam results, doctors notes, etc.) about users are maintained appropriately at the onsite medical clinic.

3.3.8.2 The agency fitness manager, during onsite periodic occupational health reviews, may review general non-medical membership files to ensure quality assurance/quality control.

3.3.8.3 A fitness facility orientation shall be provided to each new member, including a discussion of emergency procedures, fitness facility rules, and detailed instructions on how to safely use the Center and equipment. To ensure consistency, a checklist or similar document will be used by the fitness facility staff conducting the orientation. The orientation shall require a member's signed confirmation that he/she received and understands the information provided. A means shall be available for members to obtain additional information about the proper use of equipment, assistance with their personal fitness program, or a refresher orientation upon request.

3.3.8.4 A mechanism for member comments and feedback shall be implemented (e.g., annual survey for continued quality improvement) to identify concerns, improvements, and quality of the fitness program.

3.3.8.5 A method shall be implemented and enforced to identify (badge, keyed lock) users who have been screened and eligible to use the facility. Users shall sign in manually or electronically each time they use the fitness facility. Centers should make every effort to institute a sign-in procedure process, accomplished through a computerized system in which statistical information can be extracted to monitor fitness facility use.

3.3.8.6 The fitness facility hours of operation shall meet the majority of users' needs and work schedules.

3.3.8.7 For safety and in accordance with General Services Administration (GSA) 41 CFR §102-79.35, OPM guidance, and industry recommendations, unmanned fitness facilities/clubs shall utilize one or a combination of methods to enhance user safety: professional fitness staff; utilization of real-time streaming wide-angle video cameras in fitness facilities with continual monitoring (e.g., fire department, security) during operating hours of the fitness facility; and/or implementation of a policy requiring a buddy system for those using the facility.

3.3.8.8 The installation and implementation of continuously monitored surveillance cameras in fitness facilities shall be considered an additional method for ensuring the safety of members.

3.3.8.9 In a medical emergency, a fitness facility staff member shall remain with the member at all times until assistance has arrived.

3.3.8.10 Fitness facilities shall conduct an emergency drill at least annually to review procedures in place in the event of a medical emergency, manmade/natural disaster, workplace violence, or other critical incident. Documentation of drills shall be maintained at the fitness facility or with the primary POC for the fitness facility. Documentation shall include the date of the drill, names of the participants, the entity/entities involved, and the outcome/critique.

3.3.8.11 Fitness Facility staff AED training shall be conducted as soon as possible after hiring. Training renewal shall be completed by responders based on Federal, state, and local requirements, usually every two years.

3.3.8.12 The Federal Employees Compensation Act (FECA), as amended, 5 U.S.C. S8101 et seq., provides for the payment of workers' compensation benefits to Federal employees sustaining injuries while in the performance of their duties. Civil Service employees using a NASA fitness facility have the right to file a Federal Workers' Compensation claim if they are injured or become ill using the facility. The Department of Labor is the entity that determines whether an injury or illness is compensable.

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